



City of Fremont Fire Department

A Certified Unified Program Agency

3300 Capitol Avenue, Bldg. B, P.O. Box 5006, Fremont, CA 94537-5006

510 494-4200 **ph** - www.fremont.gov

Hazardous Materials Business Plan Recertification Statement

Facility: _____

Address: _____

- Please mail this form to the Fremont Fire Department at the address above.

Certification

Title 19, CCR, Section 2729.5(a)(2) states that if no change in inventory has occurred, a business subject to the hazardous materials reporting requirements may comply with the annual inventory reporting requirements by submitting a certification statement if all the following apply and the business owner or officially designated representative signs and attests to these statements:

- 1) The information contained in the hazardous materials inventory most recently submitted to the Department is complete, accurate, and up-to-date
- 2) There has been no change in the quantity of hazardous materials reported in the most recently submitted inventory.
- 3) No hazardous materials subject to inventory requirements are being handled that are not listed on the most recently submitted inventory.

I hereby certify under penalty of law that I have reviewed the information contained in the Hazardous Materials Business Plan most recently submitted for this facility and that all the information therein is true and correct to the best of my knowledge

By: _____

Title: _____

(Signature)

Original signature of the person signing the
currently stamped HMBP.

Name: _____

Date: _____

(Please Print)

Phone Number: _____